

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013567

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

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1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS**

Length of stay in 1b
LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR FROM: **1709 - MONROE - ST.**
INSTITUTION **D.O.A. CITY-HOSPITAL #1.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY

c. CITY OR TOWN **ST. LOUIS** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1709 - MONROE - ST. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
WILLIAM M MURTRY

4. DATE OF DEATH Month Day Year
FEB. 23RD 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-29-1893

9. AGE (last birthday)
69 YRS

IF UNDER 1-YEAR Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED; SHOE-CUTTER

10b. KIND OF BUSINESS OR INDUSTRY
RICE-O'NEILL-SHOE CO.

11. BIRTHPLACE (City and state or country)
ST. LOUIS - MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
GEORGE - M MURTRY

13b. MOTHER'S MAIDEN NAME
UNKNOWN

14. NAME OF HUSBAND OR WIFE
ELIZABETH - M MURTRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT Address
ELIZABETH - M MURTRY - 1709 - MONROE - ST

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio sclerosis Heart Disease.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio sclerosis.

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from to and last saw her him alive on
Death occurred at **4:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Joseph M. Murtry, M.D.

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
2-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
FEB. 26TH 1963

23c. NAME OF CEMETERY OR CREMATORY
CALVARY - CEMETERY

23d. LOCATION (City, town, or county) (State)
ST. LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS
Brockland Und. Co. 1827 - HOGAN - ST.

25. DATE RECD. BY LOCAL REG.
FEB 25 1963

26. REGISTRAR'S SIGNATURE
Lois Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3653

P. O. Address St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.